

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/01/2014
NAME OF PROVIDER OR SUPPLIER HEALTH FORCE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 334 N ENTERPRISE DR WARSAW, IN 46580		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{G 000}	<p>INITIAL COMMENTS</p> <p>This revisit was for an extended federal home health recertification survey that was conducted on October 15-17 and 20-21, 2014.</p> <p>Survey Date: December 1, 2014</p> <p>Facility #: IN005836</p> <p>Medicaid #: 200118810A</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Three (3) Conditions and 17 standard level deficiencies were found to be in compliance during this survey.</p> <p>Health Force of Indiana is in compliance with the Conditions of Participation 42 CFR Part 484 for Home Health Agencies.</p> <p>Health Force of Indiana is precluded from providing its own training and competency evaluation program for a period of 2 years beginning October 21, 2014, - October 21, 2016, for being out of compliance with the Conditions of Participation 484.18: Acceptance of Patients, Plan of Care, Medical Supervision; 484.30: Skilled Nursing Services; and 484.32: Therapy Services.</p> <p>Current Active Patients: 78</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 2, 2014</p>	{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.